

Top 10 Header Denials		
Code	Description	# of hits
403	Primary diagnosis missing/invalid.	1601
125	Client has Medicare Part B. Bill Medicare first or attach denial.	997
704	Client has other insurance. Attach other insurance payment or denial.	852
934	Adjustment requests cannot be processed on denied or voided claims	832
T06	Client has more than one insurance carrier. Resubmit with all EOBs.	500
A02	Suspect duplicate of a previously submitted claim.	445
100	Client Medicaid number missing/not on file.	338
516	Claim is past 1 year filing limit without proof of prior billing.	311
2	Provider name and/or number does not match provider file.	284
904	Total Charges Missing/Invalid	229

Top 10 Detail Denials		
Code	Description	# of hits
10	Healthy Connections provider number must be in referral field.	9261
11	Billing/referring provider not healthy connections provider for date(s) of service.	5056
817	No matching prior authorization on file.	3321
104	Client ineligible on detail date(s) of service.	3042
418	Detail diagnosis not on file or invalid for dates of service.	2294
280	Amount or units billed for procedure requires justification.	2005
819	Prior authorization number on the claim is exhausted. Contact authorizing agency.	1549
246	Procedure/modifier(s) or proc/mod combination is invalid or not on file.	1078
125	Client has Medicare Part B. Bill Medicare first or attach denial.	934
516	Claim is past 1 year filing limit without proof of prior billing.	876